

CLAIMS ONLY						Application Number <i>10/606146</i>	Filing Date	
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	I							
Total Depend	11	<	<	<	<			
Total Claims	12							